

**PATTON STATE HOSPITAL  
POSTDOCTORAL FELLOWSHIP PROGRAM**

**FORENSIC FELLOWSHIP APPLICATION FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Home Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: work \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_

E-mail address(es) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_

At the beginning of the fellowship year, will you be a U.S. Citizen? **YES NO**

Doctoral Program (name / location) \_\_\_\_\_

\_\_\_\_\_

Is your Doctoral Program APA Approved? **YES NO**

Internship Site (name/location) \_\_\_\_\_

\_\_\_\_\_

Is your Internship Site APA Approved? **YES NO**

At the beginning of the fellowship year, will you have completed all requirements, including dissertation, for graduation from your doctoral program? **YES NO**

If not, please explain: \_\_\_\_\_

At the beginning of the fellowship year, will you have licensure as a psychologist in any jurisdiction? **YES NO**

If yes, what jurisdiction(s)? \_\_\_\_\_

**Education:**

Please list all postsecondary institutions attended. For each, list dates attended, major(s) pursued, and degree received.

If applicable, please also describe any significant breaks in your educational history.

**College:**

Name and Location: \_\_\_\_\_

Dates attended (from/to) \_\_\_\_\_ Major(s) \_\_\_\_\_ Degree \_\_\_\_\_

Name and Location: \_\_\_\_\_

Dates attended (from/to) \_\_\_\_\_ Major(s) \_\_\_\_\_ Degree \_\_\_\_\_

Name and Location: \_\_\_\_\_

Dates attended (from/to) \_\_\_\_\_ Major(s) \_\_\_\_\_ Degree \_\_\_\_\_

**Graduate School:**

Name and Location: \_\_\_\_\_

Dates attended (from/to) \_\_\_\_\_ Major(s) \_\_\_\_\_ Degree \_\_\_\_\_

Name and Location: \_\_\_\_\_

Dates attended (from/to) \_\_\_\_\_ Major(s) \_\_\_\_\_ Degree \_\_\_\_\_

**Other Advanced Education: (e.g., law school, medical school, business school)**

Name and Location: \_\_\_\_\_

Dates attended (from/to) \_\_\_\_\_ Major(s) \_\_\_\_\_ Degree \_\_\_\_\_

Name and Location: \_\_\_\_\_

Dates attended (from/to) \_\_\_\_\_ Major(s) \_\_\_\_\_ Degree \_\_\_\_\_

**Breaks in Educational History:**

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**Therapy Experience:**

These are actual clock hours in direct service to clients/patients regardless of the number of people seen at once. For example, a two-hour session with a single client or two-hour group with 8 clients would each count as “2.” In the second column, count each individual, couple, family or group as “1” unit.

**Please note:** The following table breaks down your hours of experience in a very similar format to the APPIC standard internship application. If you filled out an APPIC application last year, you need merely to add hours gained on internship to the totals you showed prior to internship.

<b>Individual Therapy With:</b>	<b>Total # Hours Face-to-Face</b>	<b># Different Individuals, Couples, Groups, etc.</b>
Adults		
Adolescents		
School-age		
Pre-school age		
<b>Group Therapy With:</b>		
Adults		
Adolescents		
Children		
Family Therapy		
Couples Therapy		

**Psychological Testing Experience:**

Please indicate all instruments used by you, excluding practice administrations to fellow students. To indicate that you administered, scored, interpreted, and wrote a report for a test, count in both columns. Add as many additional lines as needed for other tests.

Test	# Administered & Scored	# Written into Reports
MMPI-2 or MMPI-2-RF		
WAIS (all versions)		
WASI (all versions)		
WRAT (all versions)		
WMS (all versions)		
MCMI-III		
Beck Depression Inventory		
Beck Anxiety Inventory		
Brief Psychiatric Rating Scale		
Boston Naming Test		
Bender Visual Motor Gestalt		
RBANS		
Folstein's MMSE		
Halstead-Reitan		
Luria-Nebraska		
Wisconsin Card Sort		
Rey Dot Counting		
Rey 15-Item Test or Rey II		
TONI-3 (or earlier version)		
PAI		
TOMM (Test Memory Malinger)		

SIRS (Structured Interview of Reported Symptoms)		
M-FAST		
CAI or CAI-R (Competency Assessment Instrument)		
MacArthur Competency Assessment Tool- Criminal Adjudication (MacCAT-CA)		
Validity Indicator Profile (VIP)		
Inventory of Legal Knowledge (ILK)		
Other Symptom Validity Testing		
PCL-R or PCL-R 2 <sup>nd</sup> Ed.		
HCR-20		
VRAG		
START		
Static-99		
SCID-I (Structured Clinical Interview for DSM-IV Axis I)		
SCID-II (Structured Clinical Interview for DSM-IV Axis II)		

Please attach an additional page(s) for other psychological measures you have administered or used that are not listed here. The following page of this application provides a blank form that can be used for this purpose.

**Psychological Testing Experience (continued):**

Please indicate all instruments used by you, excluding practice administrations to fellow students. To indicate that you administered, scored, interpreted, and wrote a report for a test, count in both columns. Add as many additional lines as needed for other tests. Please copy additional pages as needed.

[illegible]

**References:**

Please list those individuals who will be submitting your letters of recommendation. The fellowship requires that these letters come from your dissertation chairperson, your internship director or primary supervisor, and another licensed psychologist who is thoroughly familiar with your work.

Dissertation Chairperson \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Internship Director or Primary Supervisor \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Other Reference \_\_\_\_\_

Relationship to You \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Do we have your permission to contact your references for further information? **YES NO**

If not, please explain \_\_\_\_\_

Also please list the contact information for the psychologist(s) who supervised your work samples submitted with this application:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Do we have your permission to contact these supervisors for further information? **YES NO**

If not, please explain \_\_\_\_\_

**Essays:**

Please respond to each of the following in one or two paragraphs. Place each response on a separate page.

1. What are your goals for the fellowship?
2. Describe your future professional goals – both short term and long term.
3. Why are you interested in pursuing advanced training in forensic psychology?
4. Describe why you think the fellowship at Patton State Hospital will be a good fit for your professional development and goals.

**Work Sample Requirement:**

Please include two full assessment/evaluation reports, with all reasonably identifying data purged. (You should leave in or modify only slightly those characteristics of the evaluation subject that assist in understanding your case formulation, interpretations, and/or conclusions.)

Preferably, your work samples should be from work you have completed during your most recent training/work year, and should be assessments that correspond to the track you are applying to, if possible (e.g., forensic track applicants should submit a forensic report, neuropsychological track applicants should submit a neuropsychological report). The work samples should be examples of **your** present skills, abilities, and writing. Thus, please do not select reports that have been significantly edited by a supervisor.

Failure to include work samples will result in your application being considered incomplete.

Please mail the application and all supporting documents to:

David Glassmire, Ph.D., ABPP  
Fellowship Director  
Patton State Hospital  
Department of Psychology (AX-234)  
3102 East Highland Ave.  
Patton, CA 92369